

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



January 23, 2001

ALL-COUNTY LETTER NO. 06-01

TO: ALL COUNTY WELFARE DIRECTORS
ALL FOOD STAMP COORDINATORS
ALL COUNTY CHIEF FISCAL OFFICERS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: REQUIREMENTS FOR FOOD STAMP ISSUANCE
AND BULK STORAGE AUDITS

The purpose of this All-County Letter is to request information on county audits of food stamp issuance and bulk storage points. These audits are required by federal and state regulations [Code of Federal Regulations at 7 CFR 274.1(c) (1-2) and in the California Department of Social Services (CDSS) Manual of Policy and Procedures Section 63-601.27]. State regulations specify that every county must conduct an annual financial and compliance audit at each coupon issuance agency and bulk storage point, including a physical inventory of coupons. The audit may be completed by another unit of county government or may be contracted to a third party in accordance with regulations.

The United States Department of Agriculture, Food and Nutrition Service, and the Bureau of State Audits have requested information regarding the status of these audits. The attached confirmation document was designed to capture the information CDSS will use to respond to these requests and ensure that California is meeting regulatory requirements.

Counties must complete and return this information to the CDSS Corrective Action/Management Evaluation Unit by **March 1, 2001**. If you have any questions about the audit requirement or the attached confirmation document, please contact Gary Swanson, Chief of the Food Stamp Branch at (916) 651-8047.

Sincerely,

Original document signed by

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachment

Food Stamp Program

County Confirmation of Food Stamp Bulk Storage and Issuance Audits Federal Fiscal Year 2000

Submit by MARCH 1, 2001 to:

**California Department of Social Services
Corrective Action/Management Evaluation Unit
744 P Street, MS 16-32, Sacramento, CA 95814
FAX No. (916) 654-1295**

County:	
County Contact: Name Title Telephone number E-mail	
Date of Last Food Stamp Issuance And Bulk Storage Audit:	
Period of Time Covered by Audit:	
Name and Address of Organization/Firm that Performed the Audit:	
A description of any findings disclosed by the audit: (provide attachments if needed).	
County Actions to Resolve these Deficiencies: (provide attachments if needed)	

I certify that the above information is true and correct.

Signature _____ Date _____
(County Welfare Department Chief Fiscal Officer)